

**CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA)**

**PROGRAM:** JAGR/OTP

**PERFORMANCE ASSESSMENT / SITE VISIT REPORT**

1. **GRANT AWARD NUMBER:** ZO09010480    **DATE OF SITE VISIT:** MAY 12, 2010
2. **GRANT PERIOD:** 09/30/09 TO 03/31/11
3. **RECIPIENT/IMPLEMENTING AGENCY:**  
SOLANO COUNTY/ DEPARTMENT OF HEALTH AND SOCIAL SERVICES
4. **PROJECT DIRECTOR:**  
DEL ROYER

**PERSONS INTERVIEWED DURING SITE VISIT:**

<u>NAME</u>	<u>TITLE</u>	<u>AGENCY</u>
<u>DEL ROYER</u>	<u>PROJECT DIRECTOR</u>	<u>DEPT HSS</u>
<u>ANDREW WILLIAMSON</u>	<u>ROUTINE PROG</u>	<u>DEPT HSS</u>
<u>NESTOR ALIGA</u>	<u>ANALYST</u>	<u>DEPT HSS</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

<u>Signature of Program Specialist</u>	<u>Date</u>	<u>Signature of Section Chief</u>	<u>Date</u>
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<u>Signature of Project Representative</u>	<u>Date</u>
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## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW

#### 1. OPERATIONAL DOCUMENTS

YES   NO   N/A

Review hard copy/verify the ability to access on line:

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| • The Cal EMA Recipient Handbook (R.H.)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The Approved Grant Award Agreement   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The RFA/RFP (supersedes the requirement of the R.H.)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The Program Guidelines (supersedes the requirement of the R.H.)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the project familiar with Office of Management and Budget, OMB Circulars which govern your organization? Circulars may be found at <a href="http://www.whitehouse.gov/omb/circulars">www.whitehouse.gov/omb/circulars</a> . | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

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#### 2. FIDELTY BOND CERTIFICATE - COMMUNITY BASED ORGANIZATIONS (CBO) & AMERICAN INDIAN ORGANIZATIONS ONLY

- |   |                          |                          |                                     |
|---|--------------------------|--------------------------|-------------------------------------|
| • Obtain copy of required Fidelity Bond Certificate? [R.H. Section 2161] Does <u>not</u> apply to state, city, or county units of government. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Does the certificate show:  |                          |                          |                                     |
| ○ Bonding company's name  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Bond number   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Description of coverage   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Amount of coverage (50% of allocation)  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Bond period   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Grant award number  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Form A, Employee Dishonesty   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Form B, Forgery Coverage  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Is the State of California, California Emergency Management Agency named on the bond as the beneficiary?                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments:

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#### 3. ENVIRONMENTAL IMPACT – CEQA COMPLIANCE (R.H. Section 2153)

- |  |                                     |                          |                                     |
|--|-------------------------------------|--------------------------|-------------------------------------|
| • Does the project have its CEQA documentation on file?(Ask to view)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Certified Exempt   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Recipient has adopted or certified an environmental document which complies with the requirements of CEQA. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments:

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## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

#### 4. PROOF OF AUTHORITY (R.H. Section 1350)

YES NO N/A

- Does the project have a written authorization/resolution on file as required by the Grant Award Agreement? (Ask for copy)

☒ ☐ ☐

Comments:

On file--copy in application

#### 5. ORGANIZATIONAL CHART

- Review the organizational chart. Are all budgeted positions identified?

☒ ☐ ☐

Comments:

No changes.

#### 6. Cal EMA MODIFICATION (Cal EMA 2-223)

- Review the purpose/preparation of Grant Award Modification Request (Cal EMA 2-223). [R. H. Section 7500] (*Instruct project staff on the procedure to obtain the most recent forms from Cal EMA's website.*)

☒ ☐ ☐

A modification is needed for the following:

- Budget changes
- Change in key personnel
- Adding/changing additional signers
- Change goals/objectives, or activities
- Address change
- Other

Comments:

Does not anticipate having any modifications with budget unless there is additional funding given. Project Director Del Royer will be retiring, informed project the need for modification and a new Signature Authorization.

#### 7. PERSONNEL POLICIES

- Does the project staff have access to written personnel policies as required? [R. H. Section 2130]
- Do the personnel policies include:
  - Work hours
  - Compensation rates including overtime and benefits
  - Vacation, sick, and other leave allowances
  - Hiring and promotional policies

☒ ☐ ☐

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☒ ☐ ☐



## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

- Do the personnel files include:
  - Staff note: Complete a sample review of a personnel file ☐ ☐ ☒
  - Job application ☒ ☐ ☐
  - Resume ☒ ☐ ☐
  - Performance evaluations ☒ ☐ ☐
  - Salary rates ☒ ☐ ☐
  - Benefits ☒ ☐ ☐
  - Current job duties/descriptions ☒ ☐ ☐
  - Other terms of employment ☒ ☐ ☐
- Does the project have a current Drug Free Workplace policy statement on file signed by the employee? [R. H. Section 2152] ☒ ☐ ☐
- Did the Board approve the agency's existing personnel policy? ☒ ☐ ☐

Comments:

#### 8. FUNCTIONAL TIMESHEETS

- Does the project use functional timesheets for each grant funded position less than 1 FTE? OR Time Study Allocation plan updated within the last 2 years? [R. H. Section 11331] ☒ ☐ ☐
- Are timesheets (paid staff & volunteer) signed by staff & approved by supervisor? (Review timesheets to ensure signatures of staff and supervisor.) ☒ ☐ ☐

Comments:

Project will use a simple time sheet for their .175 position, IE-- this staff will have set hours per week when working this project. Will not be using time study allocation.

#### 9. DUTIES OF FINANCIAL OFFICER AND BOOKKEEPER

- Are the duties of the financial officer and the bookkeeper separate to ensure no one person has complete authority over a financial transaction? ☒ ☐ ☐
  - Name of individual who approves purchases.  
na
  - Name of individual who writes checks.  
na
  - Name of individual(s) who signs checks.  
na

Comments:

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

#### 10. SOURCE DOCUMENTATION-Fiscal [R. H. Section 11000]

YES NO N/A

- Does the project maintain a record-keeping system which accurately supports costs claimed on Report of Expenditure and Request for Funds (Cal EMA Form 2-201)? ☒ ☐ ☐
- Does the project maintain an accurate inventory log of equipment purchased with grant funds? ☒ ☐ ☐

Comments:

#### 11. PROJECT EXPENDITURES

- Is the project's expenditure rate commensurate with the elapsed period of the grant? ☒ ☐ ☐
- Are the project's expenditures being made in accordance with the terms of the Grant Award Agreement? ☒ ☐ ☐
- Does the project need to submit a Grant Award Modification Request (Cal EMA Form 2-223)? ☒ ☐ ☐
- Is the project up-to-date with the submission of Cal EMA Form 2-201? ☒ ☐ ☐

Comments:

#### 12. MATCH REQUIREMENTS

- Does the project have a match requirement? ☐ ☐ ☒
- Is the project meeting the match requirement? ☐ ☐ ☒
- Review the supporting documentation to substantiate cash or in-kind match. ☐ ☐ ☒

Comments:

#### 13. EEO POLICY

- Go over EEO checklist. (Separate document) ☒ ☐ ☐

Comments:

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

#### GENERAL

YES NO N/A

#### 14. PROGRAM GOALS AND OBJECTIVES

- Review the goals and objectives of the program and the programmatic requirements of the Grant Award Agreement. Is the project meeting the program's goals and objectives?
- Does the project need to submit Cal EMA Form 2-223 to modify grant objectives?

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☒ ☐ ☐

Comments:

#### 15. PROGRESS REPORT

- Discuss and review the programmatic Progress Report requirements.

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Comments:

No issues with PMT or Jobs Data Collection reporting.

#### 16. SOURCE DOCUMENTATION-Programmatic

- Is the project maintaining a record keeping and data collection process that which accurately supports the project's reported data on the Progress Report form?
- Review the project's file system and data collection process.

☒ ☐ ☐

Comments:

#### 17. OPERATIONAL AGREEMENTS

- Does the project have current Operational Agreements as required by the Grant Award Agreement?

☒ ☐ ☐

Comments:

#### 18. PROJECT STAFF DUTIES

- Interview project staff and discuss their duties and the relationship to the grant. Are employees performing duties as stated in the Grant Award Agreement?

☒ ☐ ☐

Comments:

Project's funds a Mental Health Specialist that has not started at this time. Project has given me an overview of the Mental Health Specialist job description included with this report.



## ADDENDUM TO SITE VISIT REPORT

Met with project staff who were very efficient in understanding CalEMA and JAGR/OTP grant guidelines. No technical assistance requested or required as project staff seem very fluent in understanding grant process. The Project Director gave me an overview of their function in the usage of the JAGR/OTP funds—to enhance treatment services, to increase proportion of offenders who enter, remain in, and complete treatment, to reduce delays in the availability of appropriate services, and to employ a drug court model.

I conducted an administrative review on all documents which did not pose a challenge to the project as they have an understanding in the process and were highly knowledgeable. Review of the project's Program Summary remains the same. Solano County Department of Health and Social Services' grant is on target with the goals and objectives as stated in their application for the JAGR/OTP grant. The Project Director indicated they do not anticipate any changes with the proposed budget, thus, their will not be any need to complete a modification. They are aware of the need to submit a modification 223 form accompanied by new budget pages to show the change if there are any changes within the budget pages.

Project explained that the .175 staff that is identified under Personal Services has not started at this time in that the this person is being funded using another fund source until that fund source is exhausted. The project plans to document time worked in 4 hour increments and paperwork will identify JAG-OTP fund source instead of using a time allocation plan.

The Project Director mentioned he will be retiring, however, the position may not be filled after he has retired. I relayed to him the importance in submitting a Signature Authorization with a person he has designated to sign for him since the one on file shows no one else to sign in case he is not reachable or no longer with the agency. I also informed him that when the new person fills his position, a modification 223 and Signature Authorization form will need to be submitted to me to make the change on record.

Project Director indicated disappointment in no PMT or OMB training, however, indicated that he had no issues or problems with the PMT reporting. The staff indicated that the email reminders for the PMT reporting and OMB Jobs Data Collection are very helpful reminders.

Solano County Department of Health and Social Services grant is in compliance with the Offender Treatment Program RFA as well as the Recipient Handbook. No findings to report.